2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# P02000048108

Entity Name: NOBLE ANESTHESIA-AIR, INC.

Current Principal Place of Business:

1505 FT CLARKE APT 17-106
GAINESVILLE, FL 32602

New Principal Place of Business:

5566 S.E. SCHOONER OAKS WAY
STUART, FL 34997

Current Mailing Address:

1200 MACARTHUR BLVD
STUART, FL 34996

New Mailing Address:

5566 S.E. SCHOONER OAKS WAY
STUART, FL 34997

FEI Number: 13-4247414 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOBLE, LINDA J PRES.
1505 FT CLARKE APT 17-106
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

NOBLE, LINDA J PRES.
5566 S.E. SCHOONER OAKS WAY
STUART, FL 34997 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 03/23/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: NOBLE, LINDA J PRES.
Address: 1200 MACARTHUR BLVD
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: NOBLE, LINDA J PRES.
Address: 5566 S.E. SCHOONER OAKS WAY
City-St-Zip: STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA J. NOBLE PRES 03/23/2009
Electronic Signature of Signing Officer or Director — Date